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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/507,496			ing Date 18/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN	
Н	FOR	UMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)		
⊠	BASIC FEE (37 CFR 1.16(a), (b), (_	N/A		N/A		ı	N/A	0	i	N/A	TEE (8)	
┢	SEARCH FEF	or (c))	N/A		N/A		ı			ł			
H	(37 CFR 1.16(k), (i), (ii)		N/A N/A		N/A N/A		ı	N/A		ł	N/A		
	(37 CFR 1.16(a), (p), (TAL CLAIMS		23 minus 20 =		· 3		l	N/A	0	OR	N/A x s =		
	CFR 1.16(i)) EPENDENT CLAIM	s			• 0		ı	x \$0 =	0	OR	x s =		
(37	CFR 1.16(h))	16.00	1 minus 3 =					X \$0 -	•	ı	^ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawir sheets of paper, the application is \$250 (\$125 for small entity additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								0	1	TOTAL		
	APPI	OED - P		OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	09/29/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 12	Minus	 23		= 0	1	x \$0 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 4	Minus	•••4		= 0	l	X \$0 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1601)		Minus			=	ı	x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))		Minus	***		-	1	x \$ =		OR	x \$ =		
교	Application Size Fee (37 CFR 1.16(s))						ı			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
** 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30". * If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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